FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091266 (4)

1. Corporation Name
GARRETT INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
117 CHEROKEE NENE **CRESTVIEW FL 32536**	**117 CHEROKEE NENE** **CRESTVIEW FL 32536-9500**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **12/16/1994**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3283078** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
GARRETT, ROY A
117 CHEROKEE NENE
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PVD	[ ] DELETE
NAME	GARRETT, ROY A	
STREET ADDRESS	117 CHEROKEE NENE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	STD	[ ] DELETE
NAME	GARRETT, OLIVE	
STREET ADDRESS	117 CHEROKEE NENE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

71 TITLE		[ ] Change [ ] Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
75 TITLE		[ ] Change [ ] Addition
76 NAME		
77 STREET ADDRESS		
78 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		
91 TITLE		[ ] Change [ ] Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		
101 TITLE		[ ] Change [ ] Addition
102 NAME		
103 STREET ADDRESS		
104 CITY-ST-ZIP		
111 TITLE		[ ] Change [ ] Addition
112 NAME		
113 STREET ADDRESS		
114 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this report is true, accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added from an attachment with an address.

SIGNATURE: [signature] 3-14-97 **904 682 3216**